

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

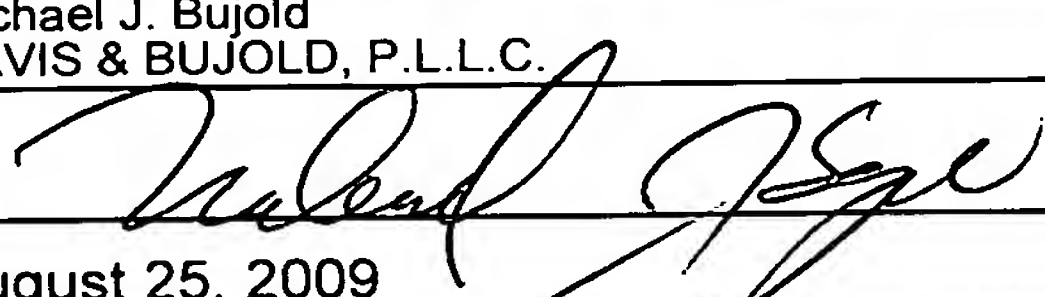
Application Number	10/554,148
Confirmation Number	
Filing Date	with an effective filing date of April 20, 2004
First Named Inventor	Olivier BREGUET
Group Art Unit	3732
Examiner Name	Heidi M. BASHEW
	Fax: (571) 273-8300
Total No. of Pages in this Submission: 16	Attorney Docket Number
	NITROS P174US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input type="checkbox"/> Fee attached - Check \$570.00 <input type="checkbox"/> Amendment/Response [11] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) Replacement Sheet(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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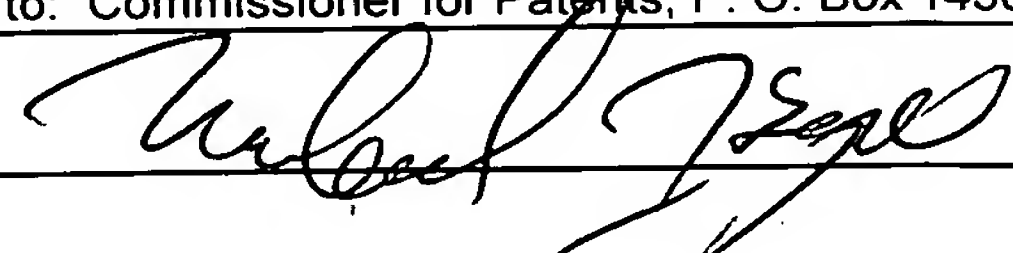
REMARKS

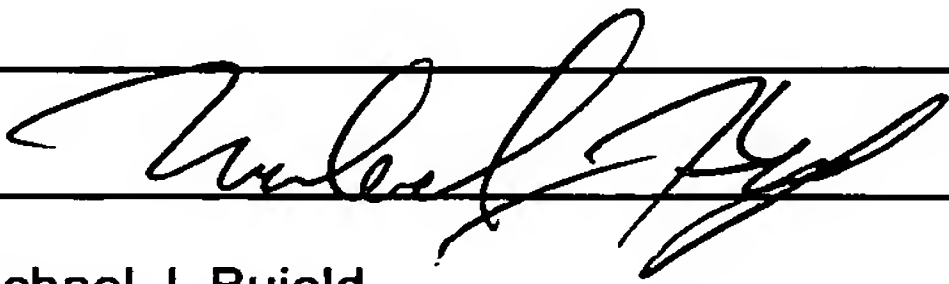
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	August 25, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 25, 2009.

Signature		Date: August 25, 2009 (amp)
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<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p>FEE TRANSMITTAL For FY 2008</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.101.</p>		<p>Complete if Known</p>																																				
<p>TOTAL AMOUNT OF PAYMENT: \$570.00</p>		<p>Application No. 10/554,148 Filing Date with an effective filing date of April 20, 2004 First Named Inventor Olivier BREGUET Examiner Name Heidi M. BASHEW Art Unit 3732</p>																																				
		<p>Attorney Docket No. NITROS P174US</p>																																				
<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																						
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<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th style="text-align: center;">FILING FEES</th> <th style="text-align: center;">SEARCH FEES</th> <th style="text-align: center;">EXAMINATION FEES</th> <th style="text-align: center;">Fees Paid (\$)</th> </tr> <tr> <th></th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td style="text-align: center;">330</td> <td style="text-align: center;">165</td> <td style="text-align: center;">540</td> <td style="text-align: center;">270</td> </tr> <tr> <td>Design</td> <td style="text-align: center;">220</td> <td style="text-align: center;">110</td> <td style="text-align: center;">100</td> <td style="text-align: center;">50</td> </tr> <tr> <td>Plant</td> <td style="text-align: center;">220</td> <td style="text-align: center;">110</td> <td style="text-align: center;">330</td> <td style="text-align: center;">165</td> </tr> <tr> <td>Reissue</td> <td style="text-align: center;">330</td> <td style="text-align: center;">165</td> <td style="text-align: center;">540</td> <td style="text-align: center;">270</td> </tr> <tr> <td>Provisional</td> <td style="text-align: center;">220</td> <td style="text-align: center;">110</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>				Application Type	FILING FEES	SEARCH FEES	EXAMINATION FEES	Fees Paid (\$)		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	330	165	540	270	Design	220	110	100	50	Plant	220	110	330	165	Reissue	330	165	540	270	Provisional	220	110	0	0
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<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"> <u>Total Sheets</u> -100 = _____ </td> <td style="width: 20%;"> <u>Extra Sheets</u> / 50 = _____ </td> <td style="width: 20%;"> <u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x _____ </td> <td style="width: 20%;"> <u>Fee (\$)</u> <u>\$270/\$135</u> = _____ </td> <td style="width: 20%;"> <u>Fee Paid (\$)</u> _____ </td> </tr> </table>				<u>Total Sheets</u> -100 = _____	<u>Extra Sheets</u> / 50 = _____	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x _____	<u>Fee (\$)</u> <u>\$270/\$135</u> = _____	<u>Fee Paid (\$)</u> _____																														
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<p>4. OTHER FEE(S)</p> <p>Other (e.g., late filing surcharge): <u>Petition for One Month Extension of term</u> <u>\$130.00</u></p>																																						
<p>SUBMITTED BY</p>																																						
<p>Signature</p>		<p>Telephone (603) 226-7490</p>																																				
<p>Name (Print/Type)</p>	<p>Michael J. Bujold</p>	<p>Registration No. (Atty/Agent) 32,018</p>	<p>Date: August 25, 2009</p>																																			

08/28/2009 LLANDGRA 00000020 10554148

02 FC:1614 440.00 OP

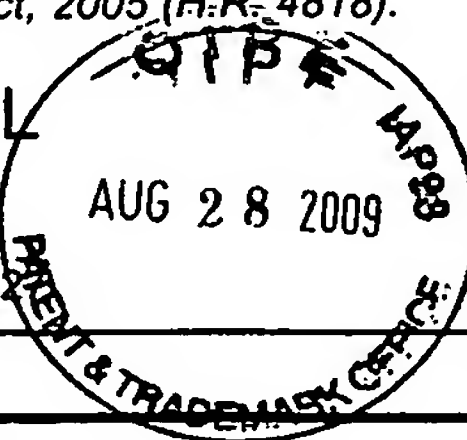
08/28/2009 LLANDGRA 00000021 10554148

01 FC:1251 130.00 OP

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.201.



Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/554,148
with an effective filing date of
April 20, 2004
Olivier BREGUET
Heidi M. BASHEW
3732

TOTAL AMOUNT OF PAYMENT: \$570.00

Attorney Docket No.

NITROS P174US

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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<u>Total Claims</u> -20 or HP = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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<u>3</u> -100 = <u>2</u> / 50 = <u>2</u> x <u>\$270/\$135</u> = <u>540.00</u>

4. OTHER FEE(S)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for One Month Extension of term \$130.00

SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: August 25, 2009